

SERIAL NUMBER 09/241,994	FILING DATE 02/02/99	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. TECHCON.001A
-----------------------------	-------------------------	--------------	------------------------	-------------------------------------

  

APPLICANT	<p>RONALD M. HICKLING, NEWBURY PARK, CA.</p>  <p><b>**CONTINUING DOMESTIC DATA*****</b>  VERIFIED <span style="float: right;"><i>None</i></span></p> <p style="text-align: center;"><u>  <i>✓</i>  </u></p> <p><b>**371 (NAT'L STAGE) DATA*****</b>  VERIFIED <span style="float: right;"><i>None</i></span></p> <p style="text-align: center;"><u>  <i>✓</i>  </u></p>   <p><b>**FOREIGN APPLICATIONS*****</b>  VERIFIED <span style="float: right;"><i>None</i></span></p> <p style="text-align: center;"><u>  <i>✓</i>  </u></p>   <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/18/99 <b>** SMALL ENTITY **</b></p>
-----------	--

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <span style="float: right;"><i>7</i></span> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
---	------------------------	---------------------	--------------------	-------------------------

  

ADDRESS	SCOTT R. HANSEN ESQ OPPENHEIMER WOLFF & DONNELLY LLP 2029 CENTURY PARK EAST 38TH LOS ANGELES CA 90067
---------	--

  

TITLE	DIRECT CONVERSION DELTA-SIGMA RECEIVER
-------	--

  

FILING FEE RECEIVED  \$484	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---